

|                                       |                    |              |     |              |   |       |   |          |
|---------------------------------------|--------------------|--------------|-----|--------------|---|-------|---|----------|
| Basic Filing Fee                      |                    |              |     |              |   |       |   | \$ 740   |
| Multiple Dependent Claim Fee (\$ 280) |                    |              |     |              |   |       |   | \$       |
| Foreign Language Surcharge (\$ 130)   |                    |              |     |              |   |       |   | \$       |
|                                       | For                | Number Filed |     | Number Extra |   | Rate  |   |          |
| Extra Claims                          | Total Claims       | 47           | -20 | 27           | x | \$ 18 | = | \$ 486   |
|                                       | Independent Claims | 4            | -3  | 1            | x | \$ 80 | = | \$ 80    |
| TOTAL FILING FEE                      |                    |              |     |              |   |       |   | \$ 1,306 |

- ☒ Please charge Applicant's Credit Card in the amount of \$1,306.00. A Credit Card Payment Form is enclosed for fee purposes.
- ☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR § 1.16 and § 1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 50-1744 in the name of Syngenta Biotechnology, Inc.

Please address all correspondence to the address associated with Customer No. 022847, which is currently:

Syngenta Biotechnology, Inc.  
Patent Department  
P.O. Box 12257  
Research Triangle Park, NC 27709-2257

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to (919) 541-8614.

Respectfully submitted,



Date: January 23, 2002

Bruce Vrana  
Attorney for Applicants  
Reg. No. 38,672  
Tel. No. (919) 541-8614